42. Why are all newborns in New York State tested for HIV?

It is very important that infants born to HIV-infected women get special medical care. Ideally, women with HIV should take HIV medicines during pregnancy and labor and delivery, and their babies should be given medicines right after birth to reduce the risk of HIV being passed to the baby. However, some women do not know that they have HIV when they are pregnant. If a woman does not take HIV medications before the baby's birth, medications can still be given to the infant right after birth to lower the chances that the baby will become infected.

Newborn screening is a safety net program for infants whose mothers were not tested for HIV during pregnancy. In New York State, all babies are tested for HIV antibodies. Since ***all newborns carry their mother's antibodies,*** the baby of a woman with HIV will test positive for the first 6 to 18 months, even if the baby is not actually infected. A baby with HIV antibodies will be given medicines to lower the risk of HIV infection. If a baby's HIV antibody test is positive at birth, the baby's blood will be tested a few times using a special test called PCR (which looks for HIV directly). The first test (to find out if the infant is actually infected with HIV) should be done soon after birth, preferably during the first week of life. The baby's doctor will recommend the best time(s) for the next PCR test(s). Generally, by age 4 months, a PCR test can show whether or not an infant has HIV.

Risk Reduction

43. Is there a 100% effective way to prevent sexual transmission of HIV?

The only 100% effective way to prevent sexual transmission of HIV is through abstinence – avoiding all vaginal, anal, and oral sex. Using a latex male condom or a female condom can ***greatly reduce,*** but not entirely eliminate, the risk of HIV transmission (see questions 44-46). However, abstinence is the only method to completely eliminate the possibility of sexual transmission of HIV.

Using a latex male condom during vaginal, anal, or oral sex greatly reduces the risk of HIV infection by reducing the chance of direct contact with another person's semen, blood or vaginal fluids.

44. Does using condoms reduce my risk of HIV infection?

Yes. Using a latex male condom during vaginal, anal, or oral sex ***greatly reduces*** the risk of HIV infection by reducing the chance of direct contact with another person's semen, blood, or vaginal fluids. However, condoms do not provide 100 percent protection against HIV infection.

The main reasons that condoms sometimes fail are inconsistent or incorrect use:

- **Consistent** use means using a new condom every time you have sex. Never reuse a condom.
- **Correct** use includes putting the condom on and taking it off correctly and using a water-based lubricant (like glycerin, K-Y®, or Astroglide®) with the condom to prevent breakage. Oil-based lubricants such as petroleum jelly (Vaseline), cold cream, hand lotion, or baby oil can weaken the condom, causing it to break (see question 45).

For people who are allergic to latex, male condoms made of polyurethane are available. Polyurethane condoms can help reduce the risk of getting HIV during sex, but it is not known whether they are as effective as latex condoms. Female condoms are also made out of polyurethane (see question 46).

Male condoms made of natural lambskin are *not* effective protection against HIV. Lambskin condoms prevent pregnancy by acting as a barrier to sperm, but HIV is much smaller than sperm and can pass through the tiny pores in a lambskin condom.

The protection provided by condoms is affected by how you store them, how carefully you open the package and put them on, correct usage, quality control by the manufacturer, and other factors. In general, condoms break or slip off more often during anal sex than during vaginal or oral sex.

45. What is the correct way to use a condom?

- Store condoms in a cool place, out of direct sunlight. Check the expiration date on the condom wrapper or box. Condoms that are past their expiration date may break.
- Open the package carefully. Teeth or fingernails can rip the condom.

For latex male condoms:

- Put on the condom after the penis is hard. If the penis is not circumcised, pull back the foreskin before putting on the condom.
- Pinch the tip of the condom to leave a little space (about a half inch) at the top to catch semen. Unroll the condom all the way down the penis. Add a little bit of **water-based** lubricant (like glycerin, K-Y®, or Astroglide®) to the outside of the condom.
- After ejaculation, hold the rim of the condom and pull out the penis while it is still hard, so that no semen spills out.
- Use a new condom every time you have vaginal, anal, or oral sex.

For female condoms:

- Insert the female condom before you have any sexual contact.
- Hold the female condom with the open end hanging down. Holding the outside of the condom, squeeze the inner ring with your thumb and middle finger. Put your index finger between your thumb and middle finger.
- Still squeezing the inner ring, insert the condom into the vagina as far as it will go.
- The inner ring holds the condom in place. The outer ring should be outside the vagina. Make sure the condom is not twisted.

- During sex, the condom may move from side to side or up and down. As long as the penis is covered, this is all right. If the penis enters under or outside the condom, stop right away. If the outer ring gets pulled into the vagina, stop right away. Take out the condom and reinsert it.
- After sex, just twist the outer ring to keep semen inside the condom and pull it out gently.
- Use a new condom every time you have sex.

46. Do male and female condoms provide the same protection against HIV?

Studies show that female condoms are very effective at protecting against HIV. However, there is not enough information to conclude whether or not the female condom is as effective as the male condom. Therefore, the latex male condom is still the best choice to protect against HIV. However, if a latex male condom cannot be used, a female condom is the next best choice for protection. Male and female condoms should not be used at the same time. Female condoms, like latex male condoms, are available in drug stores, some community health centers, and some AIDS service organizations.

47. Do birth control methods other than condoms reduce the risk of HIV infection?

No. Only condoms reduce the risk of both pregnancy and HIV infection. Birth control pills, the birth control patch, Norplant, Depo-Provera, intrauterine devices (IUDs), diaphragms, and any birth control methods other than condoms ***do not*** provide protection against HIV. You should use a latex male condom or a female condom for HIV prevention *along with* any other method you use to prevent pregnancy.

48. Does spermicide provide additional protection against HIV?

You should ***not*** use additional or separate applications of spermicide for HIV prevention during vaginal or anal sex. Women who use spermicidal cream or jelly for pregnancy prevention should also use a condom to protect against HIV and to provide better protection against pregnancy than spermicide alone.

Spermicides contain the chemical nonoxynol-9 (N-9). Although N-9 kills HIV in test tubes, one study showed that N-9 inserted into the vagina may irritate the vagina and actually ***increase*** the risk of HIV infection during vaginal sex. N-9 may also irritate the lining of the rectum and should not be used for anal sex.

Some condoms are pre-lubricated with a lubricant containing N-9. These condoms still provide greater protection against HIV than not using a condom. However, a lubricated condom ***without*** N-9 may be best for HIV prevention.

49. How can I prevent HIV transmission during oral sex?

The risk of HIV transmission through oral sex is low, but people have been infected this way. Oral sex can be made safer by using a latex barrier. For oral sex performed on a man, a non-lubricated condom is recommended. For oral sex performed on a woman, a *dental dam* (a thin square of latex), a non-lubricated condom that is cut open, or a plastic wrap can be used to cover the vagina. Oral-anal sex (rimming) is a high-risk activity that may be made safer by using a dental dam.

50. Does douching after sex reduce the risk of HIV infection?

No. Douching after sex does not provide protection against HIV transmission because semen enters the cervical canal almost immediately after ejaculation. There is also no evidence that douching after anal sex offers any HIV protection. Douching can irritate vaginal tissues and make it easier to become infected by sexually transmitted diseases (STDs) and HIV. It can cause infection by disrupting the natural balance of bacteria and yeast in the vagina and it can actually complicate an existing infection.

51. Do sex partners who both have HIV need to use condoms?

Yes. People who have HIV still need protection from sexually transmitted diseases (STDs) and may want to prevent pregnancy. Condoms also protect against exposure to different types, or strains, of HIV. *Re-infection* or *superinfection* with a new strain of HIV may make the disease progress more quickly and may require the use of medicines different from the ones used to treat the original strain.

52. How can a pregnant woman with HIV prevent transmission of the virus to her infant?

A pregnant woman who has HIV can take medicines that can lower the risk of her baby being born with HIV to less than 1 chance in 12. If the mother does not take these medicines, the baby has a 1 in 4 chance of being born with HIV.

To get the most benefit from these medicines:

- Pregnant women with HIV should talk to their doctor as early as possible in the pregnancy about when to start taking HIV medicines. It is important to take the right doses at the right time, every day.
- Pregnant women with HIV should also take medicine while in labor and delivery, regardless of what HIV medicines they took during pregnancy. Pregnant women should plan, with their doctor, to come to the hospital early in labor so that there is enough time to take medicine before the baby is born.
- The baby of a woman with HIV should start taking medicine right after birth, whether or not the mother took HIV medicines.

A pregnant woman who has HIV can take medicines that can lower the risk of her baby being born with HIV to less than 1 chance in 12.

In scientific studies, when some women with HIV had a C-section (cesarean section) before labor started, the chance of passing HIV to their babies was reduced by one half. Women with very high viral loads who have not taken HIV medicines are more likely than women with very low viral loads to benefit from a C-section delivery.

HIV can also be passed through breast milk. If a woman with HIV breastfeeds her baby, the baby has a higher risk of getting infected. Since there are many safe alternatives to breastfeeding, women with HIV are advised not to breastfeed their babies.

53. How can people who inject drugs reduce their risk of HIV infection?

Stop using drugs. The risk of becoming infected with HIV from needles and syringes can be ***completely eliminated*** by not injecting drugs. Methadone maintenance is the most effective treatment program for heroin users. Studies have shown that heroin users who are in a methadone maintenance program are up to six times less likely to get HIV than users who are not in a program. Drug treatment programs are available throughout New York State. Check the Resources section (page 45) for phone numbers to locate drug treatment programs.

Reduce injection drug use. If it is not possible to stop using drugs, reducing the frequency of injection can reduce the number of potential exposures to HIV. A methadone maintenance program can help heroin users stop or reduce their drug use.

Always use new needles, syringes, and works. Don't share. HIV can be passed through infected blood in shared needles, syringes, spoons, bottle caps, cotton, and any other equipment used to inject. Using new needles and syringes to inject drugs can reduce the risk of transmitting HIV. However, syringes, needles, and works sold on the street as "new" may actually be used. They can transmit HIV if someone with HIV previously used them.

Clean needles and works with bleach. If you cannot get new, sterile syringes, you can reduce the risk of infection by always cleaning injection equipment (needles and works) immediately after use and just before reuse. This does not entirely eliminate HIV transmission risk, but it does reduce it (see question 45).

Three ways to get new, clean needles and syringes in New York State are:

1. At a drug store: In New York State, the **Expanded Syringe Access Demonstration Program (ESAP)** allows registered drugstores to sell up to ten syringes at a time, without a prescription, to adults 18 years or older. To find ESAP pharmacies, and for answers to questions about HIV/AIDS and safe syringe and needle disposal, call the New York State HIV/AIDS Hotline (see the Resources section, page 45).

2. At a needle exchange program, also called Syringe Exchange Programs (SEPs): At SEPs, located in some areas of New York State, drug injectors can exchange used syringes for new, clean syringes. To find SEPs, call the New York State HIV/AIDS Hotline (see the Resources section).

3. From your doctor: Under ESAP, health care facilities as well as doctors and other health care providers who can prescribe syringes may also provide syringes without a prescription. Talk to your doctor about ways you can get access to clean needles and syringes.

54. How should needles and syringes be cleaned?

Step 1. Rinse with water to remove blood from syringe/needle.

- Pour clean water into clean cup or bottle cap.
- Pull back on plunger and fill halfway with clean water.
- Shake syringe/needle and squirt water out through the syringe/needle.
- Repeat this at least twice with new water or until all the blood and drug residue is gone.

Step 2. Rinse with full strength bleach.

- Pour full strength bleach (do not add water) into clean cup or bottle cap.
- Pull back on plunger and fill the syringe halfway with bleach.
- Shake syringe/needle and squirt bleach out through the syringe/needle.
- Repeat steps.

Step 3. Rinse syringe/needle with clean water three more times.

- Before injecting, always rinse syringe/needle with water to remove the bleach.
- Keep the rinse water apart from water used to clean the syringe/needle and to prepare drugs.

Things to remember:

- Do not reuse the cotton, water, bleach, or cooker. If the cooker must be reused, rinse it in bleach and then water.
- Store bleach in a container that is opaque (you can't see through it). Bleach loses its effectiveness with exposure to light. Label the container "bleach."
- Never assume that a syringe purchased on the street is new, even if it seems to be packaged as new. The easiest place to get new syringes is at an ESAP pharmacy or a Syringe Exchange Program (see question 53).

55. Is it legal to possess needles and syringes without a prescription?

In New York State, people age 18 years and older can legally possess hypodermic needles and syringes obtained through ESAP-registered providers. These needles and syringes may be purchased or obtained, without a prescription, from registered pharmacies, health care facilities, and health care practitioners (see question 53).

You may also obtain needles and syringes at a Syringe Exchange Program (SEP) (see question 53). Always have your SEP participant identification card with you when you are carrying needles and syringes.

Possession of syringes in accordance with the Public Health Law is legal. Persons legally possessing syringes are not subject to arrest or prosecution under the Penal Law. The actual sale or possession of illegal drugs is still a crime and puts you at risk of arrest and criminal prosecution.

56. How do I dispose of needles and syringes?

- Put used needles and syringes in a "sharps" container or a puncture-resistant plastic bottle. Bleach or laundry detergent bottles are good choices.
- Close the screw-on top tightly. You may want to tape it as well. Label the bottle: "Contains Sharps."
- Do **not** put sharps in soda cans, milk cartons, glass bottles, or any container that is not puncture resistant. Coffee cans are not recommended because the lids come off too easily.

To dispose of your sharps container:

- In New York State, all hospitals and nursing homes must have a place and time that they accept household sharps (including needles, syringes, and lancets) for disposal. You can also call (518) 473-7542 to get a directory of sharps disposal sites.
- In several regions in New York State, sharps may be disposed of in collection kiosks located in pharmacies and health care clinics. Call (518) 473-7542 to find out where these sites are located.
- Ask your pharmacist about the best methods and locations for safely disposing of used sharps. He or she may be able to accept used sharps for safe disposal or tell you about other convenient sites for safe disposal. You may also be able to purchase personal sharps disposal containers at your pharmacy.
- In many areas, including New York City, it is legal to put your sealed sharps container in the trash. Call your local sanitation department to find out if this is allowed in your community. Do not put sharps containers in with recycled household items.

57. Does using alcohol or other non-injected drugs increase my risk of HIV infection?

Yes. Using non-injected drugs like alcohol, marijuana, crystal methamphetamine, ecstasy, or crack reduces your ability to make good decisions about safe sex and using clean needles and works. If you are drunk or high, you are less likely to think about protecting yourself and others from HIV. Cocaine tends to increase a person's sex drive and to decrease sexual inhibitions, which can make him or her less likely to use condoms and to avoid high-risk sex activities. Crystal methamphetamine ("crystal meth") – whether non-injected or injected – has effects similar to cocaine, but it lasts even longer. Crystal meth has become popular among men who have sex with men and other groups. Its use appears to be leading to increased unprotected sex and greater potential risk of HIV transmission.

If you are drunk or high, you are less likely to think about protecting yourself and others from HIV.

People who are addicted to drugs may also trade sex for money or drugs, which further increases their HIV risk. Evidence shows that treatment programs for any kind of substance use can reduce high-risk sex and drug-using behavior.

58. How can health care workers and others at risk of on-the-job exposure reduce the risk of HIV infection?

Health care workers and others who come in contact with potentially infectious blood and/or other body fluids on the job can reduce their risk by following strict safety guidelines, such as the Universal Precautions. These guidelines include wearing latex gloves when taking blood samples or injecting medicine and vaccines and washing hands before and after all procedures.

While these guidelines have helped to reduce the frequency of exposure to HIV, needle-sticks and other direct contact with blood and body fluids sometimes occur. For some exposures, the New York State Department of Health recommends that the health care worker or other workers take medicines to reduce the risk of HIV infection. This form of treatment – postexposure prophylaxis (PEP) – works best when it is started within a few hours, and no more than 36 hours, after HIV exposure. Although PEP can decrease the risk of HIV transmission to a person who has been exposed on the job, some people using PEP may still become infected with HIV. A health care worker who has a needle-stick injury or other direct contact with blood or body fluids should be evaluated right away to determine whether PEP is needed.

59. If a person is exposed to HIV outside of the work setting, is there anything he or she can do to prevent infection?

New York State Department of Health guidelines call for postexposure prophylaxis (PEP) at certain times when people are potentially exposed to HIV when a condom breaks or during a sexual assault. PEP involves taking a combination of HIV medicines, usually for four weeks. There is no proof yet that PEP after HIV exposure outside the work setting reduces the risk of HIV infection. However, PEP does reduce the risk of HIV transmission after needle-sticks and helps prevent mother-to-child HIV transmission; so PEP may also be helpful for other types of exposure. PEP should be started as soon as possible, but no longer than 36 hours, after the exposure.

PEP is not a “morning after” pill that you take for a day. For PEP to work, every dose of every medicine must be taken, for the full period of time. PEP can have serious side effects and should be taken with guidance from an experienced care provider. PEP is expensive, but payment assistance is available for sexual assault victims.